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Application Number	10/578,371				
Filing Date					
First Named Inventor	Prasad Keshav DESHPANDE				
Title	NOVEL POLYMORPHS OF RACEMIC				
Art Unit					
Examiner Name					
Attorney Docket Number	WH-18				

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	sociated	with the Customer Number:	584	78				
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Practitioner(s) n	named be	:wole						
		Name			Registra	tion Numb	er	
Mr. Douglas Re	obinson				51278			
Dr. O. M. (Sam) Zaghmo	put			51286			
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as my/our attorney(s) o Trademark Office cons	or agent(nected th	(s) to prosecute the application erewith.	identified above	, and to t	ransact all busi	ness in the	United	States Patent and
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OR OR	associa	ted with Customer Number:						
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City		Larton		State	VA		Zip	22079
Country		USA						
Telephone		703-550-1968		Email	BiolPS@BiolPS.	.com		
Applicant/Inve								
		the entire Interest. See 37 CFR FR 3.73(b) is enclosed. (Form I						
	_	SIGNATURE of	Applicant or A	ssignee (of Record			
Signature	1	md KDehrt				Date	TΜ	my 17,2006
Name		rasad Kashav DESHPANDE			· 1	Telephone	-	240-6632134
Title and Company	SEN	VIOR RESEARCH !	SCIENTIST	i, wi	CKHARD	T LTD		
NOTE: Signatures of all the signature is required, see it	e inventor below*.	rs or assignees of record of the entir	re interest or their	representa	ative(s) are require	ed. Submit m	uitiple fi	orms if more than one
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First Named Inventor	Prasad Keshav DESHPANDE
Title	NOVEL POLYMORPHS OF RACEMIC
Art Unit	
Examiner Name	
Attorney Docket Number	W/L 10

I hereby revoke all previous powers of attorney given in	the above-id	entified applic	ation.	
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OR L				
Practitioner(s) named below:				
Name		Registral	ion Number	ī
Mr. Douglas Robinson		51278		
Dr. O. M. (Sam) Zaghmout		51286		
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	58478			•
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X Firm or Individual Name Bio Intellectual Property Services (Bio	IPS) LLC			
Address 8509 Kernon Ct				
City Larten	State	VA		Zip 22079
Country USA				
Telephone 703-550-1958	Email	BiotPS@BiotPS.	CO(1)	·
I am the: Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/S	:B/96)			
SIGNATURE of Applic	ant or Assigned	of Record		
Signature			Date	17.05.2006
Name Satish Baliram BHAVSAR			Telephone	91-0240-66321
Title and Company Senior Research Scientist, I	Nockhandi	. Ud.		
NOTE: Signatures of all the inventors or assignees of record of the entire interesignature is required, see below*.	ast or their represer	tative(s) are require	d. Submit mu	ultiple forms if more than one
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First Named Inventor	Prasad Keshav DESHPANDE
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Art Unit	
Examiner Name	
Attorney Docket Number	WH-18

I hereby revoke all previous powers of attorne	y given in the at	evoc	ntified applica	ation.			
I hereby appoint:							
Practitioners associated with the Customer Number	5847 er:	18			٠.		
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Practitioner(s) named below:						•	
Name			Registrati	ion Numbe)F		
Mr. Douglas Robinson			51278				.
Dr. O. M. (Sam) Zaghmout			51286				
as my/our attorney(s) or agent(s) to prosecute the application of the connected therewith.	ation identified above	e, and to the	ansact all busin	ess in the I	United :	States Patent and	·
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City Larton		State	VA		Zip	22079	
Country USA			184 61-164				
Telephone 703-550-1968		Email	Bio!PS@Bio!PS.c	THOC			
Applicant/Inventor.							
Assignee of record of the entire interest. See 37 Statement under 37 CFR 3.73(b) is enclosed. (F							
SIGNATUF	RE of Applicant or A	Assignee (of Record				
Signature WWW.				Date	77	105106	
Name Yati CHUGH				Telephone	\perp		
Title and Company CHIEF SCIENTIE	ST. WOCK	<u> </u>	71 B87	<u> </u>			
NOTE: Signatures of all the inventors or assignees of record of the signature is required, see below ² .	ne entire interest or the	ir representa	ative(s) are require	id. Submit m	ruttiple fo	orms if more than or	10
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I hereby appoint:							•	
l	ssociated	with the Customer Number:	584	78				
OR								
Practitioner(s)	named be	slow:						
		Name			Registra	tion Numb	er	
Mr. Douglas F	Robinson				51278			
Dr. O. M. (Sa	n) Zaghme	wt			51286			
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as my/our attorney(s) Trademark Office cor	or agent mected th	(s) to prosecute the application increwith.	identified above	, and to t	ransact all busin	ness in the	United	States Patent and
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Telephone		703-550-1968		Email	BioIPS@BioIPS.	com .		
Applicant/inv	rentor.							
Assignee of Statement up	record of nder 37 C	the entire interest. See 37 CFR FR 3.73(b) is enclosed. (Form I	3.71. PTO/SB/96)					
		SIGNATURE of		ssignee (of Record			
Signature	Re	Vindia lere				Date	T	-
Name	Ravi	ndra Dattatrya YEOLE				Telephone	+	
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Attorney Decket Number	Un) 10

								
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I hereby appoint:		·						
Practitioners as	sociated	with the Customer Number:	5847	78			•	
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Y Practitioner(s)	named be	ilow:	_					
		Name			Registrati	on Numbe	r	
Mr. Douglas R	obinson				51278			
Dr. O. M. (San	n) Zaghano	ut			51286			
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as my/our attorney(s) Trademark Office con	or agent(nected th	s) to prosecute the application erewith.	identified above	, and to t	ransact all busine	ess in the l	Jnited	States Patent and
I □X	•	e correspondence address for t ad with the above-mentioned C		•••	cation to:	1		
The address	s associa	ted with Customer Number:	58478					
X Firm or Individual	Name	Bio Intellectual Property Service	ces (Bio IPS) LLC	;				
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City		Lorton		State	VA		Zip	22079
Country		USA						
Telephone		703-550-1968		Email	BiolPS@BiotPS.c	om		
	record of	the entire interest. See 37 CFR FR 3.73(b) is enclosed. (Form						
		SIGNATURE of	Applicant or A	ssign os (of Record			
Signature		Upo Ooura				Date	778	8.05.06
Name	Noel	John (DE SOUZA ()			Į î	relephone	2	16460586
Title and Company								
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Attorney Docket Number	1401.10

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	Name	<u> </u>	Regist	ration Number	
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Dr. O. M. (Sam) Zag	emout		51286		·
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Country	USA				22015
Telephone	703-550-1968	Email	Biol/PS@Biol/PS	S.com	
Applicant/Inventor.	of the entire interest. See 37 CFR 3.71.	/9 6)			
Assignee of record Statement under 3	CFR 3.73(b) is enclosed. (Form PTO/SB SIGNATURE of Applica	nt or Assignee	of Record		
Statement under 3	SIGNATURE of Applica	nt or Assignee	of Record	Date	nstactor
Statement under 3 Signature Name M	SIGNATURE of Applications of March 1967. Stand 1967. Stand 1967. Signature of Application of			Date Telephone	05/06/06
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